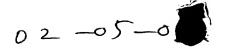
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PTO/SB/05 (03-01)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attomey Docket No. First Inventor

nventor Kazuo Sakuma
Preventive and therapeutic agents, for Imicrobe-related syndromes including H

(Only for new nonprovision	al applications under 37 CFR 1.53(b)	Express Mail Label No.					
APPLICA	TION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
See MPEP chapter 600 conc	erning utility patent application conten	ts. Washington, DC 20231					
1. See Transmittal For (Submit an original and a case 37 CFR 1.27. 3. Specification (preferred arrangement - Descriptive title - Cross Reference - Statement Regardance)	orm (e.g., PTO/SB/17) tuplicate for fee processing) mall entity status. [Total Pages 39]	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or					
or a computer p	rogram listing appendix						
- Background of t							
- Brief Summary - Brief Description - Detailed Description - Claim(s) - Abstract of the	n of the Drawings (if filed) ption Disclosure	9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney 11. English Translation Document (if applicable) Information Disclosure					
5. Oath or Declaration	[Total Pages	Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
a. Newly exect Copy from a b. (for continuation)	uted (original or copy) prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed)	13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
	ION OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
named in t 1.63(d)(2)	tement attached deleting inventor(s) he prior application, see 37 CFR and 1.33(b).	16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
6 Application Data	Sheet. See 37 CFR 1.76	17. Other Return Receipt Postcard					
or in an Application Data She Continuation Prior application information: For CONTINUATION OR DIVISI Boy 5b is considered a part of	pet under 37 CFR 1.76: Divisional Continuation-in-part (Examiner ONAL APPS only: The entire disclosure of the accompanying co	supply the requisite information below and in a preliminary amendment, CIP) of prior application No:/ Group Art Unit: of the prior application, from which an oath or declaration is supplied under intinuation or divisional application and is hereby incorporated by reference. advertently omitted from the submitted application parts.					
	19. CORRESPO	ONDENCE ADDRESS					
Customer Number or Bar Co	ode Label (Insert Customer No. 07 Alie	or Correspondence address below					
Name	Kazuo Sakuma						
	2/19-1, Kaminayo	pro, Shimokawa-chou,					
Address	Kamikawa-aun.	Hokkaidou					
City	J /	State Zip Code 098 - 12/6					
Country	Japan	Telephone 0/654-3-/599 Fax 0/654-3-7/00					
Name (Print/Type)	Kazuo Sakum	Registration No. (Attorney/Agent)					
Signature	Vazua Sakuna	Date February/2002					

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FEE TOANS	ATTINA					Complete if Known		
FEE TRANS		L	Appli	catio	n Num	ber		
for FY 2002				Filing Date				
				First Named Inventor		entor Kazuo Sakuma		
Patent fees are subject to annual revision.				Examiner Name				
Applicant claims small entity status. See 37 CFR 1.27			Group Art Unit					
TOTAL AMOUNT OF PAYMENT	(\$) \$\ldot 33	}		Attorney Docket No.		No.		
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
Check Credit card Money Other None 3. ADDITIONAL FEES Large Entity Small Entity								
Order	Other None							
Deposit Coount:	Other None	<u>Large</u> Fee			II Entity		Fee Paid	
Deposit Account: Deposit Account Number	Other None	<u>Large</u> Fee	Entity Fee	Sma Fee	II Entity	<u>Y</u> .	Fee Paid	
Deposit Account: Deposit Account	Other None	Large Fee Cod	Entity Fee e (\$)	Sma Fee Cod	II Entity Fee e (\$)	Y Fee Description	Fee Paid	
Deposit Account: Deposit Account Number Deposit Account Name The Commissioner is authorized to: (check a	all that apply)	Large Fee Cod 105	Fee e (\$) 130	Sma Fee Cod 205	Fee (\$) 65	Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or	Fee Paid	
Deposit Account: Deposit Account Number Deposit Account Name The Commissioner is authorized to: (check a Charge fee(s) indicated below Cree	all that apply) dit any overpayments	Large Fee Cod 105 127 139	Fee (\$) 130	Sma Fee Cod 205 227	Fee (\$) 65	Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet		
Deposit Account: Deposit Account Number Deposit Account Name The Commissioner is authorized to: (check a	all that apply) rdit any overpayments dency of this application	Large Fee Cod 105 127 139	Fee (\$) 130 50 130 2,520	Sma Fee Cod 205 227 139 147	Fee (\$) 65 25	Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet Non-English specification		

Account			i	Cour	, (4)	Cou	a (4)		
Number	ber		105	130	205	205 65 Surcharge - late filing fee or oath			
Account Name			127	50	227	25	Surcharge - late provisional filing fee or cover sheet		
The Commissioner is authorized to: (check all that apply)			139	130	139	130	Non-English specification		
= '	(s) indicated belo		ny overpayments	147	2,520	147	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) during the pendency of this application			112	920*	112	920*	Requesting publication of SIR prior to		
Charge fee(s) indicated below, except for the filing fee							Examiner action		
to the above-identified deposit account.			113	1,840*	113	1,840°	Requesting publication of SIR after Examiner action		
FEE CALCULATION			115	110	215	55	Extension for reply within first month		
1. BASIC FILING FEE Large Entity I Small Entity			116	400	216	200	Extension for reply within second month		
Fee Fee	Fee Fee	Fee Description	C D.:d	117	920	217	460	Extension for reply within third month	
Code (\$)	Code (\$)		Fee Paid	118	1,440	218	720	Extension for reply within fourth month	•
101 740 106 330	201 370 206 165	Utility filing fee Design filing fee	370	128	1,960	228	980	Extension for reply within fifth month	
107 510	207 255	Plant filing fee		119	320	219	160	Notice of Appeal	
107 510	207 233	Reissue filing fee		120	320	220	160	Filing a brief in support of an appeal	
		_	. —	121	280	221	140	Request for oral hearing	
114 160 214 80 Provisional filing fee		138	1,510	138	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 370			140	110	240	55	Petition to revive - unavoidable		
2. EXTRA C	CLAIM FEES	FOR UTILITY		141	1,280	241	640	Petition to revive - unintentional	-
Fee from Extra Claims below Fee Paid			142	1,280	242	640	Utility issue fee (or reissue)		
Total Claims 27 -20** = 7 x 9 = 53 Independent -3** = x 9 = 53			143	460	243	230	Design issue fee		
			144	620	244	310	Plant issue fee		
			122	130	122	130	Petitions to the Commissioner		
				123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Large Entity Fee Fee	Small Entity Fee Fee	Fee Description		126	180	126	180	Submission of Information Disclosure Stmt	
Code (\$)	Code (\$)	Cee Description	•	581	40	581	40	Recording each patent assignment per	1
103 18	203 9	Claims in excess of	of 20					property (times number of properties)	
102 84	202 42	Independent daims		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 280	204 140	Multiple dependen	•	149	740	249	370	For each additional invention to be	
109 84	209 42	** Reissue Indeper over original pate						examined (37 CFR § 1.129(b))	
110 18	210 9	** Reissue claims		179	740	279	370	Request for Continued Examination (RCE)	
and over original patent		169	900	169	900	Request for expedited examination			
SUBTOTAL (2) (\$) 63			Other	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above			*Red	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					
of number previously paid, if greater, For itelessues, see above									

SUBMITTED BY	Complete (i	Complete (if applicable)		
Name (Print/Type)	Kazuo Sakuma	Registration No. (Attorney/Agent)	Telephone	01654-3-1599
Signature	Kazuo Sakuma		Date	February1,2002

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